

E.D.Pa. AO Pro Se 14 (Rev. 04/18) Complaint for Violation of Civil Rights

## UNITED STATES DISTRICT COURT

for the

Eastern District of Pennsylvania

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

Kevin Edward Savage

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Blanche Carney - (Phila Prison Commswmer)  
 Pierre Lacombe - (Warden of Detention Center)  
 CORIZON - (Physical Phila. Prison System)  
 Medical Contractor

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

## NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

The Clerk will not file a civil complaint unless the person seeking relief pays the entire filing fee (currently \$350) and an administrative fee (currently \$50) in advance, or the person applies for and is granted in forma pauperis status pursuant to 28 U.S.C. § 1915. A prisoner who seeks to proceed in forma pauperis must submit to the Clerk (1) a completed affidavit of poverty and (2) a copy of the trust fund account statement for the prisoner for the six month period immediately preceding the filing of the complaint, obtained from and certified as correct by the appropriate official of each prison at which the prisoner is or was confined for the preceding six months. See 28 U.S.C. § 1915(a)(2).

If the Judge enters an order granting a prisoner's application to proceed in forma pauperis, then the order will assess the filing fee (currently \$350) against the prisoner and collect the fee by directing the agency having custody of the prisoner to deduct an initial partial filing fee equal to 20% of the greater of the average monthly deposits to the prison account or the average monthly balance in the prison account for the six-month period immediately preceding the filing of the complaint, as well as monthly installment payments equal to 20% of the preceding month's income credited to the account for each month that the balance of the account exceeds \$10.00, until the entire filing fee has been paid. See 28 U.S.C. § 1915(b). A prisoner who is granted leave to proceed in forma pauperis is obligated to pay the entire filing fee regardless of the outcome of the proceeding, and is not entitled to the return of any payments made toward the fee.

## Defendant #1

Pierre Lacombe is being sued for failing to keep his prison (Detention Center) safe. I was attacked by an inmate inside the facility he controls.

## Defendant #2

Blanche Carney is being sued for failing to hire and maintain proper staffing to keep Philadelphia Prisons safe. Due to lack of staff I Kevin Savage was housed in an unsafe environment. The Detention Center

## Defendant #3

~~WAT~~ CORIZON is being sued for failing to provide me with adequate treatment for my shattered right hand. Failed to read and follow Orthopedic's order from Temple University Hospital on N. Broad St. Who had me scheduled for a hand surgery within 48 hours of my initial visit. Resulting in my hand to heal in disfigurement. Arthritis and chronic pain in my right hand.



**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

KEVIN Edward Savage

All other names by which  
you have been known:

ID Number

QH5916

Current Institution

S.C.I. Chester

Address

500 E. 4th St.

Chester

PA

19013

City

State

Zip Code

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

**Defendant No. 1**

Name

Pierre Lacombe

Job or Title (*if known*)

Warden of Detention Center

Shield Number

Employer

Philadelphia Prison System

Address

8201 State Rd

Phila

PA

19136

City

State

Zip Code

☐ Individual capacity ☒ Official capacity

**Defendant No. 2**

Name

Blanche Carney

Job or Title (*if known*)

Philadelphia Prison Commissioner

Shield Number

Employer

Philadelphia Prison System

Address

State Rd

Phila

PA

19136

City

State

Zip Code

☐ Individual capacity ☒ Official capacity

## Defendant No. 3

Name

CORIZON

Job or Title (if known)

Physician

Shield Number

Employer

Address

8018201 State Rd.  
Philadelphia

PA

19136

City

State

Zip Code

☐

Individual capacity

☒

Official capacity

## Defendant No. 4

Name

Job or Title (if known)

Shield Number

Employer

Address

City

State

Zip Code

☐

Individual capacity

☐

Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐Federal officials (a *Bivens* claim)☒

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

• Lack of care, custody, control inside Detention Center resulting in injury.  
• Medical Neglect by failing to get me adequate medical attention and treatment

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

*Please See Back of Page*

### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (*explain*) \_\_\_\_\_

### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.



I Kevin Savage was in the Detention Center 8201 State Rd. Phila PA 19136. I was housed on B-Born annex. After returning from medication I had noticed my personal area disturbed and things missing. I confronted the person responsible and ended up in physical altercation where I defended myself. The person I was fighting attempted to stab me with a sharpened screw. Thankfully I was able avoid being punctured until an officer response showed up. At this point my head had been shattered defending myself and I was then sprayed with mace and handcuffed. I was then taken to the medical department and x-rayed. It was determined my hand (R) was broken. The following day I was transported to Temple University Hospital. Where I was again x-rayed and it was determined I needed immediate emergency surgery within 48 hours which required rod and pin. I was then returned to the Detention Center and placed in the hole (RTHU) B block. Where I was forgotten and left to heal and care for myself. I tried to tell the housing officers but my requests fell on deaf ears. I filled out multiple Sick Call requests to medical with no response. After about 7 business days I was put in front of a hearing examiner for my misconduct. Captain Johnson found me not guilty of any wrong doing and ordered me released from the hole immediately. I was housed back on B-Born where my hand eventually into the clump of bone that I have as a hand today. I am suing ~~Mr.~~ CORIZON (Def. #3) for the medical neglect for failing to get me proper treatment my hand called for. I am suing Pierre Laconbe (Defendant #1) for failing to maintain a safe and secure prison. This prison has been the site of numerous murders one as recent as August 19<sup>th</sup>/20<sup>th</sup> 2020 (Franklin Diaz Jr.). Blanche Carney (Defendant #2) is being sued for complete and total lack of professionalism. For failing to maintain safety in all PPS jails. Lack of proper staffing to maintain safety and Security inside Philadelphia County jails.

• All statements above are sworn and true.

Kevin Savage 9/13/21



C. What date and approximate time did the events giving rise to your claim(s) occur?

The exact date is unknown but incident occurred in the month of November 2019. Prior to Thanksgiving. 2nd Shift after dinner

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

My right hand was shattered in November 2019 at the Detention Center on State Rd in Phila. PA 19136. I was taken by Corrections Officers to Temple University Hospital where I was x-rayed and seen by a Physician. It was determined my hand was shattered and required immediate surgery within 48 hours from my initial visit to the Emergency Room. I was given a splint and returned to the Detention Center. I was placed in the hole pending a hearing. I was never checked on by any medical staff and was never taken back to Temple Hospital for the surgery. I stayed in the splint for months. My hand is now disfigured and constantly in pain as a result of the medical neglect.

#### V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

My right hand was shattered in the Detention Center. I was x-rayed at the prison and was ordered by the doctor to take me to Temple University Hospital on Broad & Tioga in Phila. I was then x-rayed again and seen by Orthopedic Surgeon. I was scheduled for a rod and pin to be placed in my hand within 48 hours from my initial ER visit. I was never taken for my surgery. My hand is now disfigured as a result of the medical neglect and PPS lack of professionalism for not transporting me to the surgery. As a result my hand is now permanently disfigured and in constant pain.

#### VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I am seeking a monetary settlement of 180,000 <sup>Eighty</sup> one hundred thousand dollars for the incident. I am a union laborer by trade and need my hand. I am no longer able to perform my duties as I once did at work. Arthritis is already building and my hand is constantly aching and in pain. I feel that this dollar amount will be enough for the PPS and Medical contractor to open their eyes and realize that this can't happen again.  
(CORIZON)

**VII. Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

*Detention Center  
8201 State Rd  
Phila, PA 19136*

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B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☒ No

☐ Do not know

If yes, which claim(s)?

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- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☐ Yes

☒ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☒ No

- E. If you did file a grievance:

1. Where did you file the grievance?

N/A

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2. What did you claim in your grievance?

N/A

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3. What was the result, if any?

N/A

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4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. *(Describe all efforts to appeal to the highest level of the grievance process.)*

N/A

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

*My issue wasn't grievable. I was scheduled for Emergency hand surgery and was never transported to the Surgery. The physician I seen initially at ER said the surgery had to be performed within 48 hours. The grievance process would not of helped me. I did however fill out sick calls to medical department concerning my hand.*

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

*I informed the medical Department by sick call but wasn't sure if they ever recieved them because things tend to disappear when being sent out from the hole/RHU/B Block. I also informed the officer that transported me to the ER a few weeks later once I seen him. He couldn't believe I wasn't taken to the surgery.*

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

*N/A*

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

### VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.



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- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court *(if federal court, name the district; if state court, name the county and State)*

\_\_\_\_\_

3. Docket or index number

\_\_\_\_\_

4. Name of Judge assigned to your case

\_\_\_\_\_

5. Approximate date of filing lawsuit

\_\_\_\_\_

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. \_\_\_\_\_

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

\_\_\_\_\_

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

No

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☐ Yes

☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*



Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

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*Zip Code*

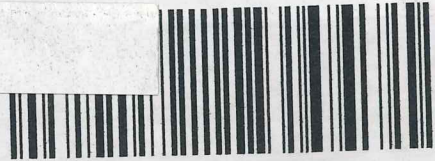
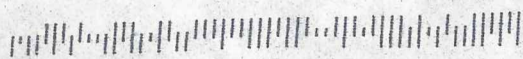
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*Zip Code*

E-mail Address

FROM:

1206 Huntingdon Rd.  
Abington PA 19001



7020 1810 0001 2367 9281



1000

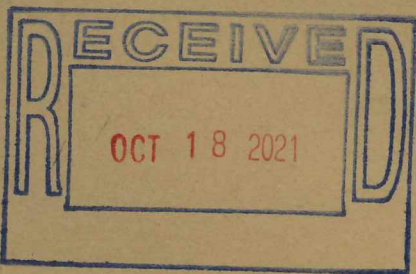


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